

**State of Tennessee
Department of Health**

BOARD OF VETERINARY MEDICAL EXAMINERS

**227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243**

**(Toll Free In State) 1-800-778-4123 ext. 25090
Local Nashville Area 615-532-5090
tennessee.gov/health**



**Procedures for Application and Licensure
Veterinarian**



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243**

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS

(Toll Free In State) 1-800-778-4123 ext. 25090

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Application Procedures

(1) Veterinarian by Exam:

Each applicant must submit the following documents to the board prior to licensure:

1. Completed application, signed in the presence of a Notary.
2. Check or money order payable to the Tennessee Board of Veterinary Medical Examiners.
Fee: One Hundred Thirty-Five Dollars (\$135.00)
3. Two (2) recent passport-type photographs, both signed.
4. Proof of United States or Canada citizenship or evidence of being legally entitled to live in the United States. Such evidence may include notarized copies of birth certificate, naturalization papers, or current visa status.
5. A notarized copy of DVM or VMD diploma/certified transcripts from school or college of veterinary medicine reflecting graduation.
6. Verification of valid, unrestricted license in all states where licensure is held.
7. Official North American Veterinary Licensing Examination (NAVLE) score submitted from National Board Examination Committee, or both an official National Board Examination score and an official Clinical Competency Test score submitted from Professional Examination Service (PES).
8. Mandatory Practitioner Profile
9. Criminal Background Check (See Veterinary Instructions -Page 3 of 3 Pages)

(2) Veterinarian by Reciprocity

Each applicant must submit the following documents to the board prior to licensure:

1. Submit all documentation listed in (1).
Fee: Two Hundred Eighty-Five Dollars (\$285.00)
2. Furnish an affidavit or other proof of active practice in veterinary medicine for the previous five (5) years before application is made for an average of at least thirty (30) hours per week.
3. Provide documentation of continuing education for the previous five (5) years at least equal to that required by current Tennessee law and pursuant to Rule 1730-1-.12.

(3) Graduates of Foreign Veterinary Schools.

Graduates of foreign veterinary medical schools must:

1. Submit all documentation listed in (1).
Fee: One Hundred Thirty-Five Dollars (\$135.00).
2. Meet the requirements set by the American Veterinary Medical Association (ECFVG Certification) or certification deemed by the Board to be equivalent (PAVE Certification).

3. Be a graduate of a veterinary school approved by the American Veterinary Medical Association or by the Board.
4. Submit official copy of grades and curriculum, translated into English when necessary.

Items to Note

Temporary License: The application must be completed and signed by the supervising veterinarian in the presence of a notary. The supervising veterinarian must attest that he will provide direct supervision of the temporary license holder. A temporary license will be issued only to applicants who have been scheduled to take the examination, or who have filed an application for licensure by reciprocity, or foreign graduate applicants meeting the specified requirements. (Please see Tenn. Comp. R.&Regs. 1730-1-.14)
Fee: Twenty-Five Dollars (\$25.00)

Senior Veterinary Students: Please submit all available documentation as soon as possible. The only items the Board should expect to receive at a later date are: transcripts, copy of diploma, and test scores, which will be sent directly to the Board. **Note: You will need to apply directly to the NBVME in order to take the NAVLE.**

To All Applicants: Please allow six (6) weeks for all documents to be received in our office. After receipt of your application by the Board, a certified letter will be sent to you noting any deficiencies.

Mail To: Tennessee Board of Veterinary Medical Examiners
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243

<p>ALL APPLICATIONS FOR INITIAL LICENSURE RECEIVED AFTER MAY 31, 2006 WILL REQUIRE A CRIMINAL BACKGROUND CHECK AS PART OF THE APPLICATION PROCESS</p>
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CRIMINAL BACKGROUND CHECK INSTRUCTIONS FOR APPLICANTS

Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check.

The Tennessee Bureau of Investigation has selected a new company to scan your fingerprints so that we may receive the results of your criminal background check. The new company will begin operation in Tennessee on August 1st. Beginning August 1st, the current company, Identix Identification Services will no longer schedule appointments in Tennessee for criminal background checks.

Procedures will change with the new company. It will no longer be necessary to schedule an appointment for your fingerprint scan. We will register you with the new company and you will be able to visit a scanning location during normal business hours without needing an appointment. Unless your educational institution has made other arrangements with your licensing board, you will have to submit your license application and license fee prior to our registering you with the new company. You will pay the fingerprint scanning fee directly to the new company when you go to a scanning location.

Complete procedural instructions will be posted on this Web page as soon as they are made available to us.

For Office Use Only

2317-001 Application Fee \$125
 2317-006 State Regulatory Fee (biennial) \$10
 2317-001 Reciprocity License Fee \$150

(MUST BE TYPED OR PRINTED NEATLY)



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 HEALTH RELATED BOARDS
 227 FRENCH LANDING, SUITE 300
 HERITAGE PLACE METROCENTER
 NASHVILLE, TN 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
 APPLICATION FOR LICENSE

INITIAL: _____ RECIPROCITY: _____

S.S.N. _____ - _____ - _____ Date of Birth _____
 Month/Day/Year

ATTACH
 PICTURE SO
 THAT IT MAY BE
 EASILY
 REMOVED

SIGN FULL
 NAME ON
 BACK OF
 PICTURE

Name _____
 Last First Middle Maiden

Home Address _____
 (Street)

(City) (State) (Zip) (County)

Work Address _____
 Name of Facility

(Street)

(City) (State) (Zip) (County)

E-Mail Address _____

Home Phone (____) _____ Office Phone (____) _____

Have you ever been licensed in Tennessee? _____ When? _____

Have you ever had a license in another name? _____ / _____. If so, what name? _____
 Yes No Last First Middle

Have you passed the National Board Exam? _____ / _____; _____ / _____;
 Yes No Date Score

Have you passed the Clinical Competency Test? _____ / _____; _____ / _____;
 Yes No Date Score

Have you passed the NAVLE? _____ / _____; _____ / _____;
Yes No Date Score

Professional School _____
(Give Name)

Address _____

Year attended _____ - _____ Degree _____ Date Received _____
Month/ Day / Year

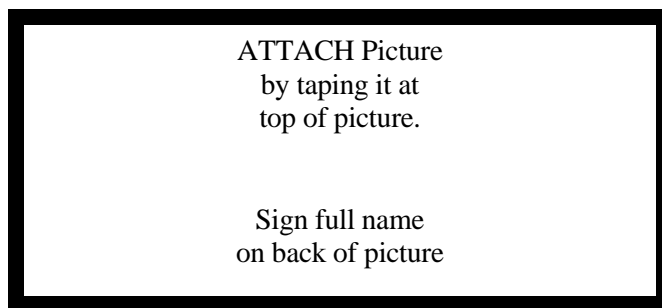
Have you ever been licensed to practice as a veterinarian in another state? _____
If so, give particulars:

State	Name	License Number
State	Name	License Number
State	Name	License Number
State	Name	License Number

In what occupations or employments have you been engaged for the past five (5) years? Give names of employers, addresses, and dates:

1. _____
2. _____
3. _____
4. _____

USE ADDITIONAL SHEET OF PAPER IF NEEDED



COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice veterinary medicine”** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnosis, and exercise reasoned medical judgments, to learn, and keep abreast of medical developments,
 - b. The ability to communicate those judgments and medical information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform veterinary medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

- | | YES | NO |
|---|-------|-------|
| 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice veterinary medicine with reasonable skill and safety? | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

QUESTIONS:

- | | YES | NO |
|--|-------|-------|
| 2. Do you currently use chemical substances? | _____ | _____ |
| a. If yes, do they in any way impair or limit your ability to practice veterinary medicine with reasonable skill and safety? | _____ | _____ |
| 3. Are you currently engaged in the illegal use of controlled substances? | _____ | _____ |
| a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? | _____ | _____ |
| 4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | _____ |
| 5. If you have ever held or applied for a license or certificate to practice veterinary medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 7. Have you ever applied for and been denied a state or federal controlled substance certificate? | _____ | _____ |
| a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action? | _____ | _____ |
| 8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? | _____ | _____ |

COMPETENCY INFORMATION CONTINUED

QUESTIONS:		YES	NO
9.	Have you ever been rejected or censured by a veterinary medical society?	_____	_____
10.	In relation to the performance of your professional services in any profession:		
A.	Have you ever had a final judgment rendered <u>against</u> you?	_____	_____
b.	Have you ever had settlement of any legal action rendered <u>against</u> you? or	_____	_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11.	If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, D.V.M., of _____

(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

AFFIRM that I am accountable to the Board of Veterinary Medical Examiners for my compliance with all state statutes and regulations governing the practice of veterinary medicine in Tennessee.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ SIGNATURE	_____ DATE
--------------------	---------------

Sworn to before me this _____ day of _____, _____.

_____ NOTARY PUBLIC	Affix Seal Here
------------------------	-----------------

My Commission expires _____

ATTACHMENT 1



STATE OF TENNESSEE
BOARD OF VETERINARY MEDICAL EXAMINERS
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, Tennessee 37243

Name of State where form is to be mailed (Toll Free In State) 1-800-778-4123 ext. 25090
Local Nashville Area 615-532-5090
tn.gov/health

CERTIFICATE OF LICENSURE IN ANOTHER STATE
APPLICANT SECTION

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed). Print or type this information.

Name _____
(Last First Middle)

Address _____
(Street City State Zip Code)

License Number _____ Date Issued _____

I hereby authorize the _____
to furnish the Tennessee Veterinary Board any information in your files concerning me, favorable or otherwise.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the above-named individual was issued License # _____,
to practice as a _____.

Date Issued: _____

Licensed by: () Examination Status: () Active
() Endorsement/Reciprocity () Inactive
() Lapsed

Date License Expires: _____

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted, placed on probation, or denied). () Yes () No If yes, explain on reverse side.

Signature _____ Date _____

Title _____ State _____

SEAL



REQUEST FOR TEMPORARY LICENSURE
IN VETERINARY MEDICINE
IN THE STATE OF TENNESSEE

MAIL TO: Board of Veterinary Medical Examiners
227 French Landing, Suite
Heritage Place MetroCenter
Nashville, TN 37243
(Toll Free In State) 1-800-778-4123 ext. 25090
Local Nashville Area 615-532-5090
tn.gov/health

For Office Use Only
Temporary Permit

Number _____

Issued _____

Expires _____

Extended _____

Name of Applicant _____
(please print)

I do accept the responsibility for direct supervision of the above name applicant.

Signature of Supervising Veterinarian

Print Supervising Veterinarian Name

Title

Tennessee License Number

Veterinary Facility Name _____

Veterinary Facility Address _____

Veterinary Facility Telephone Number _____

Subscribe and sworn to before me this _____ day of _____, _____.

(SEAL)

Notary Public

My Commission Expires: _____

ATTACHMENT 3



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243**

**TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(Toll Free Instate) 1-800-778-4123 ext. 25090
(615) 532-5090
tn.gov/health**

TRANSCRIPT REQUEST

APPLICANT: Supply the information requested in this box and then mail this entire form to your medical school. (To expedite call your school to check for fee requirements.)

Full Name:

(Last)

(First)

(Middle/Maiden)

Address: _____

Social Security Number: _____ - _____ - _____

Student Identification Number: _____

Year of Graduation: _____

Degree Obtained: _____

TO WHOM IT MAY CONCERN:

I am applying for a license to practice Veterinary Medicine in the State of Tennessee. Please forward an original graduate transcript bearing the institution's official seal to:

**Board of Veterinary Medical Examiners
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243**

Thank you for your cooperation and prompt response.

Applicant's Signature

Date

EB/G6057224/VME